



Muscogee (Creek) Nation

P. O. Box 580
Okmulgee, OK 74447
(918) 756-8700

EMPLOYMENT APPLICATION

NOTICE TO APPLICANT. Any offer of employment that may be made to you is contingent upon your submission of satisfactory proof of your identity and legal authorization to work at the Muscogee (Creek) Nation. If you fail to submit proof, this will be just cause for prohibiting your employment. Applicants will be subject to pre-employment drug screening as required by Muscogee (Creek) Nation Policy. Any applicant convicted of a felony will be deemed ineligible for employment. The Muscogee (Creek) Nation is an equal opportunity employer with Indian preference.

PERSONAL INFORMATION

NAME: _____
LAST FIRST MIDDLE

PRESENT ADDRESS: _____
STREET OR BOX CITY STATE ZIP

ALTERNATE ADDRESS: _____
STREET OR BOX CITY STATE ZIP

PHONE #1: () _____ PHONE #2: () _____

MAIDEN NAME: _____ SSN: _____ D.O.B.: _____

DEGREE OF INDIAN BLOOD: _____ TRIBE: _____

POSITION DESIRED: _____ SALARY DESIRED: _____ AVAILABILITY DATE: _____

HAVE YOU PREVIOUSLY WORKED FOR MUSCOGEE (CREEK) NATION? ☐ YES ☐ NO

IF YES, DEPARTMENT OR PROGRAM: _____ Date: ____/____/____

WORK EXPERIENCE

(LIST POSITIONS IN ORDER BEGINNING WITH MOST RECENT)

COMPANY NAME & ADDRESS	DATES	POSITION / TITLE	PAY	REASON FOR LEAVING
EMPLOYER	HIRED		STARTING	
STREET ADDRESS	SEPARATED		ENDING	
CITY, STATE, ZIP	PHONE #		NAME & TITLE OF IMMEDIATE SUPERVISOR	
JOB RESPONSIBILITY				
EMPLOYER	HIRED		STARTING	
STREET ADDRESS	SEPARATED		ENDING	
CITY, STATE, ZIP	PHONE #		NAME & TITLE OF IMMEDIATE SUPERVISOR	
JOB RESPONSIBILITY				

WORK EXPERIENCE (CONTINUED)				
COMPANY NAME & ADDRESS	DATES	POSITION / TITLE	PAY	REASON FOR LEAVING
EMPLOYER	HIRED		STARTING	
STREET ADDRESS	SEPARATED		ENDING	
CITY, STATE, ZIP	PHONE #		NAME & TITLE OF IMMEDIATE SUPERVISOR	
JOB RESPONSIBILITY				
EMPLOYER	HIRED		STARTING	
STREET ADDRESS	SEPARATED		ENDING	
CITY, STATE, ZIP	PHONE #		NAME & TITLE OF IMMEDIATE SUPERVISOR	
JOB RESPONSIBILITY				

EDUCATIONAL BACKGROUND							
TYPE OF SCHOOL	NAME & LOCATION OF SCHOOL	DATES ATTENDED		CIRCLE LAST YEARS COMPLETED	MAJOR	DEGREE OBTAINED	DATE OF DEGREE
		FROM	TO				
HIGH SCHOOL				1 2 3 4			
COLLEGE				1 2 3 4 5 6			
TECHNICAL SCHOOL							
OTHER							
SPECIAL SKILLS							
PROFESSIONAL LICENSES							

UNITED STATES MILITARY			
BRANCH	FROM / TO	HIGHEST RANK ATTAINED	CURRENT STATUS
TYPE OF WORK OR DUTIES:			

OTHER LANGUAGES	
	<input type="checkbox"/> SPEAK FLUENTLY <input type="checkbox"/> READ <input type="checkbox"/> WRITE <input type="checkbox"/> UNDERSTAND
	<input type="checkbox"/> SPEAK FLUENTLY <input type="checkbox"/> READ <input type="checkbox"/> WRITE <input type="checkbox"/> UNDERSTAND

DRIVER'S PRIVACY PROTECTION ACT REQUIREMENT

As required by the Federal Driver Privacy Protection Act (DPPA), 18 U. S. C. Section 2721, the Oklahoma Department of Public Safety/Motor License Agent will not release personal information from your driver record unless you consent by waiving your right to privacy under the DPPA; OR, unless the Department is required by DPPA to release personal information without your consent, such as in connection with matters of safety, theft, emissions, product alterations, recalls, advisories, certain federal laws; OR, unless the DPPA authorizes the Department to release it, such as to government entities, courts, insurance companies, and to others specified.

PHOTO IDENTIFICATION IS REQUIRED TO OBTAIN RECORD

Print Driver Name as shown on the driver license:

Driver License Number: _____ Date of Birth: ____ / ____ / ____

Type of Driver License: _____ Operator _____ Commercial / Chauffeur

List any restrictions (explain): _____

CONSENT TO RELEASE RECORD(S)

By signing below, I voluntarily give consent to the Oklahoma Department of Public Safety or any other Motor License Agent to release the above record(s), including personal information within my driver license record. I request the above record(s) indicated by my signature below to be released by the Department of Public Safety or any Motor License Agent, their agents and employees, to the following person, company, or legal entity.

Release Record and/or Information to: **Muscogee (Creek) Nation of Oklahoma**

Driver's Signature of Consent

Date Signed

ACKNOWLEDGEMENT

I understand that Personnel Services will notify me only if I am selected for an interview or additional information is required of me.

If employed, I understand that I may be subject to dismissal at any time during my employment. I further understand that I am to abide by all the laws, policies and procedures, and regulations of the Muscogee (Creek) Nation.

I authorize Personnel Services to conduct necessary background inquiries for the purpose of employment. I understand that refusal of the authorization for these inquiries shall negate consideration for employment with the Muscogee (Creek) Nation.

By signing the application for employment, I certify that I have read and understand all parts of it, and that I have truthfully and completely answered all questions. I understand that falsification of any of the information given on this form is just cause for refusal to hire.

Signature of Applicant

Date Signed

MUSCOGEE (CREEK) NATION PERSONNEL SERVICES USE ONLY

Comments: _____

